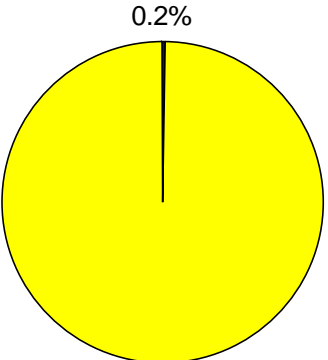


Fairfax-Falls Church Community Services Board

106-04-Mental Health Criminal Justice Diagnostic, Crisis and Treatment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board	
Personnel Services	\$1,066,829	<p style="text-align: center;">CAPS Percentage of Agency Total</p>  <p style="text-align: center;">0.2%</p> <p style="text-align: center;">99.8%</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>■ Mental Health Criminal Justice Diagnostic, Crisis and Treatment Services</p> <p>■ All Other Agency CAPS</p> </div>
Operating Expenses	\$74,262	
Recovered Costs	(\$891,692)	
Capital Equipment	\$0	
Total CAPS Cost:	\$249,399	
Federal Revenue	\$0	
State Revenue	\$0	
User Fee Revenue	\$0	
Other Revenue	\$0	
Total Revenue:	\$0	
Net CAPS Cost:	\$249,399	
Positions/SYE involved in the delivery of this CAPS	13/12.5	

► CAPS Summary

Criminal Justice Diagnostic, Crisis, and Treatment Services (previously called Forensic Services) was created twenty-five years ago to address the needs of the seriously mentally ill and high-risk criminal offenders at the Fairfax Adult Detention Center and defendants before the Fairfax County Circuit, General District, or Juvenile and Domestic Relations Courts. In recent years, the needs of this population have become increasingly more complex. Large numbers of inmates are medically fragile, culturally diverse, more severe in their mental health presentation, and less connected to community services, as demonstrated by increasingly larger numbers of homeless individuals. According to the Bureau of Justice Statistics, "mentally ill offenders reported high rates of homelessness, unemployment, alcohol and drug use, and physical and sexual abuse prior to their current incarceration." The needs of these individuals have been highlighted by Court decisions and changes in the law, including the rights of seriously mentally ill offenders, the custodial obligation of correctional environments, and due process for defendants.

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- During the 1960's, state mental hospitals reduced their census, and community programs did not keep pace with these releases. Jails became the new mental health hospitals for the community, and the presence of mental health professionals within these settings became essential. According to a 1999 report by the Bureau of Justice Statistics, it is estimated that approximately 16 percent of jail inmates have a serious mental disorder, such as schizophrenia or bipolar disorder. Female offenders demonstrated a significantly higher rate of mental illness than male offenders, and jails in urban/suburban areas had higher rates of mental illness than rural areas. Previous court decisions determined that these seriously mentally ill inmates have a constitutional right to psychiatric care based on the Eighth Amendment of not permitting cruel and unusual punishment (*Estelle v. Gamble*, 1976; *Bowring v. Godwin*, 1977). Court decisions also mandated the right of inmates to be placed in safe environments, and cell housing assignments must be made by established rules, taking mental health issues into account (*Jensen v. Clarke*, 1996; *Haley v. Gros*, 1996). Therefore, mental health professionals were needed to provide these inmates with such services as risk management, psychotropic medication, and psychiatric hospitalization and to participate in decisions about cell housing assignments.
- Secondly, at the time Criminal Justice Diagnostic, Crisis, and Treatment Services was established, jail staff struggled with the extremely high rate of suicide within jails, estimated to be nine times greater than the general population. Inmates attempted suicide in alarming numbers, often due to depressive symptoms, substance abuse, medical fragility, fear of incarceration, or shame regarding their charges. Court decisions determined that correctional environments could not be "deliberately indifferent" to the needs of the persons they housed (*Farmer v. Brennan*, 1994). Correctional environments were mandated to have mental health professionals who could assess risk level and intervene accordingly. Such interventions may include involuntary hospitalization, pursuant to the Code of Virginia.
- Finally, in order to protect the rights of defendants, State and Federal laws provided for the use of mental health evaluation and testimony in the courts. In *Dusky v. United States* (1963), the Court mandated that a person could not proceed to trial unless he or she had a rational and factual understanding of their charges and were able to assist their attorney in their defense. In *Chatman v. Commonwealth* (1999) and *Ake v. Oklahoma* (1985) respectively, the Court asserted that an insanity defense and expert testimony were essential elements of due process and fair treatment. The Code of Virginia code outlines the procedures for mental health evaluations and mandates that indigent defendants must have access to these evaluations. Likewise, Virginia code gave defendants access to presentence evaluations, in which positive findings could result in hospitalization (restoration to competency, or hospitalization of insanity acquittees). The Code also addressed the needs of sex offenders. These developments again emphasized the need for mental health professionals to participate in the criminal justice system.
- In more recent years, a fourth mandate is emerging from Court decisions. With the horror of mentally ill inmates leaving correctional environments without mental health support in the community and then perpetrating violent offenses on citizens, the Court mandated that mentally ill offenders be referred to mental health treatment in the community prior to their release (*Brad H. v. City of New York*, 1999). This release planning requires a close working relationship with community mental health treatment providers and the availability of liaison staff within the jail to ensure that these offenders make these needed connections. This linkage between community mental health centers and institutions also has been mandated by Virginia code.

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Program Description

Although it is apparent that these services must be provided in a correctional environment, it is less obvious that the provision of mental services in a correctional environment requires staff from both agencies to integrate often mutually-exclusive goals. This unique blending of two agencies, Community Services Board (CSB) and Office of the Sheriff, allows the expertise of each agency, mental health interventions and public safety respectively, to serve this complex population. Services that are sensitive to the security needs of the environment as well as the mental health needs of the offender are provided within one of three programs:

The **Crisis Intervention Program** provides the assessment, diagnosis, and management of suicidal and/or mentally disordered offenders who are incarcerated at the Adult Detention Center (ADC) or the Work Release Program. Services include:

- Crisis intervention and crisis stabilization
- Risk assessment, including risk of suicide and danger to others
- Emergency psychiatric hospitalization
- Psychiatric medication evaluation, prescription, and monitoring
- Behavior management consultation
- Daily consultation to the Sheriff's staff regarding the safe housing and management of mentally disordered offenders
- Suicide prevention screenings and staff training for suicide prevention

The **Forensic Evaluation Program** provides court-ordered forensic evaluations to indigent clients who are either incarcerated or on bond in the community. It is staffed by professionals who have received Forensic Evaluation Training from the Institute of Law, Psychiatry, and Public Policy at the University of Virginia. Types of services include:

- Evaluation regarding Competency to Stand Trial or Plead
- Evaluation of Sanity at the Time of the Offense
- Emergency Treatment
- Presentencing Evaluations
- Development of Conditional Release Plans for NGRI's (Not Guilty by Reason of Insanity)

The **Forensic Treatment Program** provides specialized housing and treatment programming to a maximum of 48 men and 24 women with significant mental health needs. In addition to the crisis intervention, medication, and ongoing risk assessments that all identified inmates receive, the inmates in the Forensic Treatment Program have an assigned primary therapist. This therapist is responsible for accessing services for the inmate within the jail, as well as developing an appropriate community treatment package. With these additional services, it is expected that the inmate will make a stronger connection with the community upon release, will be less likely to present a risk to public safety, and will be less likely to return to jail.

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Mandated Services

The following court decisions and laws, among others, mandate forensic services.

- The rights of seriously mentally ill offenders are most clearly highlighted by *Estelle v. Gamble* (1976), where it was decided that they have a constitutional right to psychiatric care based on the Eighth Amendment of not permitting cruel and unusual punishment. Inmates at risk received court attention in *Farmer v. Brennan* (1994), where it was decided that correctional environments could not be "deliberately indifferent" to the needs of inmates. Through *Dusky v. United States* (1963), the Court protected the inmate in court, finding that he or she could not go to trial unless competent to do so.
- Virginia laws have more clearly articulated the rights of incompetent, pre-sentenced, insane, and sexually-offending defendants. The Code of Virginia also outlines the procedures for admission and pre-discharge planning of patients to and from state hospitals. As forensic staff are employees of the CSB, and CSB employees have mandated pivotal activities regarding state hospital admissions and discharges, services are provided in a smooth, continuous manner.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, Mental Health staff are required to have additional skills and training to perform their assigned job duties. Only seasoned, skilled clinicians who can work in a high-risk, complex setting can successfully work in this demanding environment to meet the needs of the mentally ill and at-risk offender. Criminal Justice Diagnostic, Evaluation, and Treatment Services uses a multidisciplinary team of mental health professionals hired by CSB Mental Health Services and funded by the Office of the Sheriff.

- Forensic staff must be able to independently conduct rapid risk assessments and interventions with high-risk inmates, and they must have the appropriate education, training, knowledge, and skills to perform these tasks so inmates are not placed at risk of harm to themselves or others. If they do not have advanced skills in this area, they are required to attend specialized training in Risk Assessments at the Institute of Law, Psychiatry, and Public Policy.
- According to Virginia code, forensic evaluators must have specialized forensic training approved by the Commissioner of Mental Health, Mental Retardation, and Substance Abuse Services. All forensic staff must receive this training within their first three months of employment.
- In 1998, Virginia developed certification for Sex Offender Treatment Providers, and mental health professionals working with sex offenders must have this additional certification.
- Given the complexity of the inmates' legal status and high rate of medical complications, staff are required to attend mandatory training in confidentiality, human rights, and exposure to blood-borne and airborne pathogens.

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- Accreditation standards from the National Commission on Correctional Health Care require that all health care providers have a minimum of twelve hours of continuing education training annually and have current CPR certification. All forensic staff must comply with this standard (Standard J-18).
- Office of the Sheriff has monthly training requirements that include review of Standard Operating Procedures and training videotapes. All forensic staff must comply with this requirement.

Community Outreach

Public forums for community members and interested citizens featuring staff presentations on mental health issues are offered at open luncheons and other meetings.

Accomplishments

Forensic staff have provided a comprehensive service to mentally ill and at-risk offenders for twenty-five years. During that time, they have developed a close working relationship with the staff of the Office of the Sheriff, as well as maintained close working relationships with state hospitals, mental health centers, and Alcohol and Drug Court Services.

More recently, forensic staff have developed and are implementing the Forensic Treatment Program. For the first time in the history of the Fairfax ADC, forensic inmates are co-located in two cell blocks (one male and one female) where services and security are provided through a Direct Supervision model. Staff and correctional staff are actually inside the cell block with the forensic clients and provide immediate and more comprehensive services to these inmates. Forensic staff have been developing this new programming for the past five years. The planning has included specialized training for deputies assigned to work in these cell blocks, development of treatment planning, and selection of outcome measures.

► Trends/Issues

Jails are unique even among correctional environments because of their extremely high rate of population turnover. The average daily population of 968 does not reflect the enormous demand for services. At the Fairfax ADC, 26,354 admissions were booked into the facility in calendar year 2000. These admissions need to be screened for risk and mental illness even though many of them will leave the facility within the first few days. Forensic staff are tasked with an enormous workload that is not well understood by persons outside the jail system.

A 750-bed expansion to the ADC has been completed and will be occupied in phases. This increased capacity will require more mandated services of risk assessments, mental health services, and release planning for the mentally ill. Forensic staff may be required to defer cases and develop waiting lists for services, a potentially dangerous clinical practice for a crisis program in a high-risk facility.

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Inmates are becoming more medically compromised. They are admitted with increasing rates of HIV, tuberculosis, illnesses related to significant substance abuse, and other medical conditions. They do not obtain adequate medical care in the community, and therefore must be treated immediately upon admission. Many times psychiatric symptoms are a result of medical complications. It is becoming increasingly evident that the forensic staff needs more medical expertise, such as the addition of nurse practitioners and RNs.

Foreign born inmates are entering the jail in significant numbers. For example, 24.5 percent of the jail population speak Spanish. It is becoming increasingly critical that Spanish-speaking forensic staff are hired to address their need for accurate suicide assessments and appropriate identification of seriously mentally ill offenders.

Funding Sources

Funding source, by Inter-Agency Agreement, is the Office of the Sheriff and is reflected as Character 40, Work Performed for Others.

► Method of Service Provision

Hours of Operation: Staff are on duty at the ADC Monday through Friday from 7:00 a.m. to 7:00 p.m., Saturdays and holidays from 8:00 a.m. to 4:00 p.m., and Sunday from 8:00 a.m. to 12:00 p.m. When Forensic staff are not on site, Fairfax County's Mobile Crisis Unit provides emergency backup services.

► Performance/Workload Related Data

Title	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Persons Served	2,254	2,126	2,300	2,300
Hours of Service	9,610	12,149	13,000	13,000
Number of Contacts	21,179	23,247	24,000	24,000

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► **Mandate Information**

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 51 - 75%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 19.2-168.1 mandates evaluation of the defendant's sanity at the time of the offense when requested by Commonwealth attorney after insanity defense has been raised.
- Code of Virginia Section 19.2-169.1 mandates evaluation to determine competency to stand trial or plead.
- Code of Virginia Section 19.2-169.2 mandates restoration to competency.
- Code of Virginia Section 19.2-169.5 mandates evaluation of defendant's sanity at the time of the offense when requested by defense counsel.
- Code of Virginia Section 19.2-169.6 mandates evaluation for emergency treatment prior to trial.
- Code of Virginia Section 19.2-176 mandates evaluation to determine insanity (need for hospitalization) after conviction but before sentence hearing.
- Code of Virginia Section 19.2-177.1 mandates evaluation to determine mental illness (need for hospitalization) after sentence hearing.
- Code of Virginia Section 19.2-182.2 through 19.2-182.16 for individuals found to be 'Not Guilty by Reason of Insanity', mandates procedures for temporary custody, commitment, treatment, review hearings, conditional release plans, revocation of conditional release, emergency custody, modification or removal of conditions, and escape.
- Code of Virginia Section 19.2-300-301 mandates mental evaluation of person convicted of offenses indicating sexual abnormality.
- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system.